

PROFORMA a1

**Residential/Domicile Certificate for candidates residing in the State of West Bengal
continuously for at least last ten (10) years as on 31.12.2019**

Certified that _____

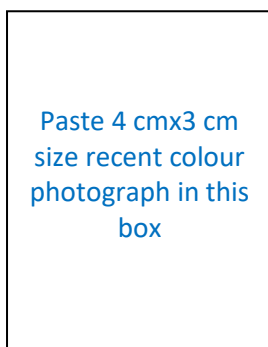
Son / daughter of _____ is a resident/permanent
resident of West Bengal at Village/House No. _____

Street _____

Post Office _____ Police Station _____

In the District of _____ under _____

Assembly Constituency and has been living in the State of West Bengal continuously /
uninterruptedly at least for the last ten (10) years as on 31-12-2019.



(Candidate's photograph)



**Candidate must sign here in front of the certifying
authority**

Signature of Certifying Authority _____

Designation with Official Seal _____

Full Name of Certifying Authority _____

Office Address _____

Office Phone No. _____ Mobile No: _____ (optional)

ID No: _____ (optional)

Note: Photograph is to be attested by the certifying authority.

The Certifying Authority should preserve a duplicate copy of this Certificate.

PROFORMA a2

Residential/Domicile Certificate for candidates residing in the State of West Bengal continuously for at least last ten (10) years as on 31.12.2019

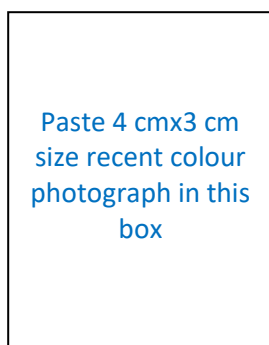
Certified that _____ son / daughter of
_____ has passed the '10+2' Examination in the
year _____ / will appear in the Final '10+2' Examination in 2020 from this Institution.

It is also certified that the student is a resident/permanent resident of West Bengal at
Village/House No. _____

Street _____ Post Office _____

Police Station _____ in the District of _____

under _____ Assembly Constituency and has been living and
studying in the State of West Bengal continuously / uninterruptedly at least for the last
ten (10) years as on 30-12-2019.



(Candidate's photograph)

Candidate's signature

**Candidate must sign here in front of the certifying
authority**

Signature of Certifying Authority _____

Designation with Official Seal _____

Full Name of Certifying Authority _____

Office Address _____

Office Phone No. _____ Mobile No: _____ (optional)

ID No: _____ (optional)

Note: Photograph is to be attested by the certifying authority.

The Certifying Authority should preserve a duplicate copy of this Certificate.

PROFORMA b

Residential/Domicile Certificate for candidates not residing in the State of West Bengal but whose parent(s) is (are) permanent resident(s) of West Bengal having their permanent home address within West Bengal

Certified that _____

Father/ mother of _____ (the applicant) is/ are permanent Resident of West Bengal at Village/House No. _____

Street _____

Post Office _____ Police Station _____

In the District of _____

Under _____ Assembly Constituency

Paste 4 cmx3 cm
size recent colour
photograph of the
candidate in this
box

Paste 4 cmx3 cm
size recent colour
photograph of
father/ mother of
the candidate in
this box

Father's/ Mother's Signature

Candidate's Signature

**Candidate must sign here in front of
the certifying authority**

(Candidate's Photograph) (Father's/ Mother's Photograph)

Signature of Certifying Authority _____

Designation with Official Seal _____

Full Name of Certifying Authority _____

Office Address _____

Office Phone No. _____ Mobile No: _____ (optional)

ID No: _____ (optional)

Note: Photographs are to be attested by the certifying authority.

The Certifying Authority should preserve a duplicate copy of this Certificate.

Proforma for Income Certificate

Certified that the TOTAL ANNUAL FAMILY INCOME FROM ALL SOURCES of
_____ GUARDIAN _____, guardian of _____ CANDIDATE _____
residing at _____ Post Office _____
Police Station _____ in the district of _____
in the state of West Bengal for the year 2019-2020 is less than Rs. 2.50 lakhs (Rupees two lakhs
and fifty thousand only) and stands at Rs. _____ (Rupees
_____).

Paste 4 cmx3 cm
size recent colour
photograph of the
candidate in this
box

Candidate's signature

**Candidate must sign here in front of the certifying
authority**

(Candidate's Photograph)

Signature of Certifying Authority _____

Designation with Official Seal _____

Full Name of Certifying Authority _____

Office Address _____

Office Phone No. _____ Mobile No: _____ (optional)

ID No: _____ (optional)

*Note: Photographs are to be attested by the certifying authority.
The Certifying Authority should preserve a duplicate copy of this Certificate.*

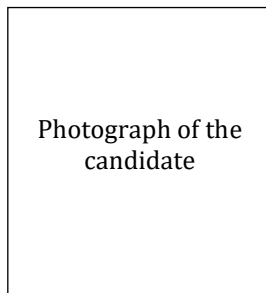
Certificate regarding Physical limitation in examination to write

This is to certify that, I have examined Mr./Ms./Mrs. _____ (name of the candidate with disability), a person with _____ (nature and percentage of disability), S/o\D/o _____ a resident of _____ (full address with village, district, state) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Name of the candidate:

Name of ID proof:

ID number:



Signature

(Chief Medical Officer/ Civil Surgeon/
Medical Superintendent of Government
Health Care Institution)

Name and Designation

Name of the Government Health Care Institution

Place:

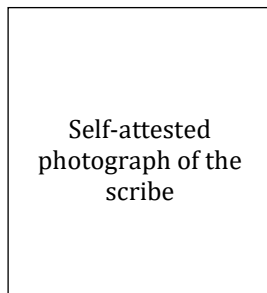
Date:

Letter of Undertaking for Using Own Scribe

I, _____, a candidate with _____
(name of the disability) appearing for the _____ (name of the
examination) bearing Application No. _____. My qualification is
_____.

I do hereby state that _____ (name of the scribe) will provide the
service of scribe/reader for the undersigned for taking the aforesaid examination.

I do hereby undertake that his/her qualification is _____. In case subsequently it is
found that his/her qualification is not as declared by the undersigned and/or is beyond my
qualification, I shall forfeit my right for admission and claims there to.



Signature of the candidate with disability

Name of the scribe:

ID of the scribe:

IN No.